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**TRANSMITTAL  
FORM**

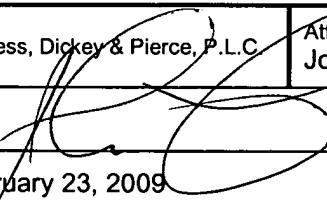
(to be used for all correspondence after initial filing)

|                        |                       |
|------------------------|-----------------------|
| Application Number     | 10/594,475            |
| Filing Date            | September 28, 2006    |
| Inventor(s)            | Yoshiharu OHTA et al. |
| Group Art Unit         | 1793                  |
| Examiner Name          | Michael Marcheschi    |
| Attorney Docket Number | 2691-000058/US        |

## ENCLOSURES (check all that apply)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers<br>(for an Application)                                 | <input type="checkbox"/> After Allowance Communication to Group   |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s) | <input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)    |
| <input checked="" type="checkbox"/> Amendment                                | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Group<br>(Notice of Appeal, Brief, Reply Brief)                |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application                          | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request                | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address            | <input checked="" type="checkbox"/> Other Enclosure(s)<br>(please identify below):<br>Check # 9185 for \$130.00 |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer   |   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____   |   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |  |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |  |   |
| Remarks  |  |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |                                      |                    |
|-------------------------|---|--------------------------------------|--------------------|
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C.  | Attorney Name<br>John W. Fitzpatrick | Reg. No.<br>41,018 |
| Signature               |  |                                      |                    |
| Date                    | February 23, 2009   |                                      |                    |